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**\*\* CONTINUING DATA** <sup>None</sup> \*\*\*\*\* MM *JHC*

**\*\* FOREIGN APPLICATIONS** <sup>None</sup> \*\*\*\*\* MM *JHC*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 04/09/2001**

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Michael J. More</i> Examiner's Signature	MM Initials			

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**TITLE**  
Internet-based and network-based relay center access for the hearing and speech impaired

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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